APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GRATING-OUTCOUPLED CAVITY RESONATOR HAVING UNI-DIRECTIONAL EMISSION

describe		n the specification:						
	*a. 🔲 attached hereto.							
	b filed on as Application No and amended on (if applicable).							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.								
as amended by any anichument referred to above.								
I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:								
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):								
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:								
			Reg. No. 31,342; Reg. No. 26,402;		Elizabeth F. Harasek Eugene O. Palazzo		Reg. No. 28,850; Reg. No. 20,881;	
	Kevin R. Kepner F Nola Mae McBain F James A. Oliff F			Reg. No. 32,145; Reg. No. 35,782; Reg. No. 27,075; Reg. No. 30,024;		A. Costantino	Reg. No. 33,565;	
						J. Roe	Reg. No. 34,463; Reg. No. 36,430; Reg. No. 38,025; Reg. No. 31,560;	
						Armstrong		
	Kirk M. Hudson Thomas J. Pardini Edward P. Walker		Reg. No. 27,562;		Christopher W. Brown Richard E. Rice			
			Reg. No. 30,		Paul Ts	ou	Reg. No. 37,956; and	
			Reg. No. 31,		Eric D. Morehouse		Reg. No. 38,565.	
Robert A. Miller			Reg. No. 32,771;					
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.								
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
1	Typewritten Fi]	Michael		٨	VNIEIGGI	
	•	,		ven Name	1	A. Middle Initial	KNEISSL Family Name	
2	**INVENTOR'S SIGNATURE:			2		ν		
3	**DATE OF SIGNATURE:			SEP		22	<u></u>	
	Residence:		N View	Ionth	CA	Day	Year USA	
		City			State or Province		Country	
	Citizenship:	Germany					Country	
		Post Office Address:						
	(Insert complete 750 Sylvan Avenue, Apt. 46							
	mailing address, including country) Mountain View, CA 94041, USA							
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*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked. **Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.								

Page 2 OF U.S.A. DECLARATION FORM

(Discard this page in a sole inventor application) 1 Typewritten Full Name of Second Joint Inventor (if any) Noble M. **JOHNSON** Middle Initial Family Name 2 **INVENTOR'S SIGNATURE: 3 **DATE OF SIGNATURE: Month Year Menlo Park CA Residence: **USA** City State or Province Country **USA** Citizenship: Post Office Address: (Insert complete 445 Oak Grove Ave., #1 mailing address, including country) Menlo Park, CA 94025, USA 1 Typewritten Full Name of Third Joint Inventor (if any) David **BIEGELSEN** Given Name < Middle Initial Family Name 2 **INVENTOR'S SIGNATURE: 3 **DATE OF SIGNATURE: Month Day Year Portola Valley CA Residence: **USA** City State or Province Country **USA** Citizenship: Post Office Address: (Insert complete 200 Mimosa Way mailing address, including country) Portola Valley, CA 94028, USA Typewritten Full Name of Fourth Joint Inventor (if any) Given Name Middle Initial Family Name 2 **INVENTOR'S SIGNATURE: 3 **DATE OF SIGNATURE: Month Day Year Residence: City State or Province Country Citizenship: Post Office Address: (Insert complete mailing address, including country) 1 Typewritten Full Name of Fifth Joint Inventor (if any) Given Name Middle Initial Family Name 2 **INVENTOR'S SIGNATURE: 3 **DATE OF SIGNATURE: Month Day Year Residence: City State or Province Country Citizenship: Post Office Address: (Insert complete mailing address, including country)

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.